

(1) [New Account?](#) ☐ No ☐ Yes If yes, attach Schedule G (Form T-239).

(2) [5-Digit Georgia IRP Account #:](#)

(3) [3-Digit Georgia Fleet #:](#)

(4) [3-Digit Georgia Supplement #:](#)

(5) [Are IRP & IFTA Miles the Same for This Fleet?](#)

☐ No ☐ Yes

If you check the No box, you must declare your IRP miles on this application.

(6) [Check the box indicating the document used for estimating mileage.](#) If you are not estimating mileage, leave this box blank.

☐ Current [GA IRP Mileage Chart \(Form T-238\)](#)
☐ Current [Mileage Detail Source Document \(Form T-141\)](#)

(7) [Reason for the IRP Application](#)

Check the box(s) indicating the reason(s) for the IRP Application:
☐ New Applicant operating under your own authority
☐ New Applicant operating under another's authority
☐ Renewal operating under your own authority
☐ Renewal operating under another's authority
☐ Add Jurisdiction(s)
☐ Change Type of Operation
☐ Correction of Mileage
☐ Fleet to Fleet Transfer

For State Use Only

SECTION 2															
<div>Instructions:</div> <ul style="list-style-type: none">Y/N Columns (1): To the left of each jurisdiction shown in columns (2), record a "Y" if the vehicles in this fleet will travel in the jurisdiction this registration year. If the vehicles in this fleet will <u>not</u> travel in the jurisdiction this registration year, record an "N".Jurisdictions Columns (2): All jurisdictions are listed in these columns. To register the vehicle(s) in this fleet for a jurisdiction, complete columns (1), (3) and (4).Mileage Columns (3): Record the <u>actual</u> mileage to the right of each jurisdiction where the vehicles in this fleet traveled during the mileage-reporting period, July 1, 2004 thru June 30, 2005. Record <u>estimated</u> mileage if these vehicles did <u>not</u> travel in a jurisdiction during the mileage-reporting period, July 1, 2004 thru June 30, 2005 but will travel there this registration year.E/A Columns (4): Record an "E" when the mileage recorded in column (3) is estimated mileage. If "actual" mileage is recorded in columns (3), record an "A" in column (4).															
(1) Y/N	(2) Jurisdictions	(3) Mileage	(4) E/A	(1) Y/N	(2) Jurisdictions	(3) Mileage	(4) E/A	(1) Y/N	(2) Jurisdictions	(3) Mileage	(4) E/A	(1) Y/N	(2) Jurisdictions	(3) Mileage	(4) E/A
	Alabama (AL)				Iowa (IA)				New Brunswick (NB))				Quebec (QC)		
	Alaska (AK)				Kansas (KS)				Newfoundland (NF)				Rhode Island (RI)		
	Alberta (AB)				Kentucky (KY)				New Hampshire (NH)				Saskatchewan (SK)		
	Arizona (AZ)				Louisiana (LA)				New Jersey (NJ)				South Carolina (SC)		
	Arkansas (AR)				Maine (ME)				New Mexico (NM)				South Dakota (SD)		
	British Columbia (BC)				Manitoba (MB)				New York (NY)				Tennessee (TN)		
	California (CA)				Maryland (MD)				North Carolina (NC)				Texas (TX)		
	Colorado (CO)				Massachusetts (MA)				North Dakota (ND)				Utah (UT)		
	Connecticut (CT)				Mexico (MX)				Northwest Territory (NT)				Vermont (VT)		
	Delaware (DE)				Michigan(MI)				Nova Scotia (NS)				Virginia (VA)		
	District of Columbia (DC)				Minnesota (MN)				Ohio (OH)				Washington (WA)		
	Florida (FL)				Mississippi (MS)				Oklahoma (OK)				West Virginia (WV)		
	Georgia (GA)				Missouri (MO)				Ontario (ON)				Wisconsin (WI)		
	Idaho (ID)				Montana (MT)				Oregon (OR)				Wyoming (WY)		
	Illinois (IL)				Nebraska (NE)				Pennsylvania (PA)				Yukon Territory (YT)		
	Indiana (IN)				Nevada (NV)				Prince Edward Island (PE)						

(1) [Total Fleet Miles:](#)

(2) [Total # of Vehicles Listed on all Schedule A Applications:](#)

(3) [Total # of Power Units Being Registered:](#)

(4) [Explain in detail the scope of your operations](#) below when any estimated mileage is recorded above in columns (3) of Section 2.

(5) Under penalty of perjury, I hereby certify that I am the Registrant/Carrier or I am authorized to sign for the above named Registrant/Carrier. I further certify that the information shown on this form and all attachments is complete and correct and all of the vehicles in this fleet have the required liability insurance coverage:

(Signature)

(Printed Name)

(Position or Job Title)

(Date)

Important: Do not send money with this application. You will be billed later. Application for IRP registration can be made by mail or in-person.

Instructions for Completing Mileage Schedule B (Form T-139)

Use a Mileage Schedule B (Form T-139) for new or renewal applications, adding a new jurisdiction, changing the type of operation, correcting mileage or requesting a fleet-to-fleet transfer. You must complete a Mileage Schedule B (Form T-139) for each fleet listed on a Vehicle Schedule A (Form T-138). IRP registration cannot be completed until all required information is received.

The small numbers shown in parentheses () on page 1 of this form correspond to the numbers shown below.

Section 1

1. [New Account?](#) Check the “Yes” box if you are applying for Georgia IRP registration for the first time.
2. [5-Digit Georgia IRP Account #:](#) Record the Registrant’s/Carrier’s 5-digit Georgia IRP account number. First time Registrants should leave this space blank.
3. [3-Digit Georgia Fleet #:](#) Record a three–digit fleet number. A fleet is one or more vehicles that all travel in the same jurisdictions. A separate Vehicle Schedule A (Form T-138) and Mileage Schedule B (Form T-139) are required for each fleet. Number each fleet in order, i.e. 001,002, 003, etc.
4. [3-Digit Georgia Supplement #:](#) Leave blank and a supplement number will be assigned.
5. [Are IRP & IFTA Miles the Same for This Fleet?](#) If the mileage reported to IRP (International Registration Plan) and the mileage reported to IFTA (International Fuel Tax Agreement) is the same, check the “Yes” box. If they are different, check the “No” box. If you check the “No” box, you must use your IRP mileage on this application.
6. [Check the Box Indicating the Document Used to Estimate Mileage:](#) Check the box indicating the document used to estimate mileage, current [GA IRP Mileage Chart \(Form T-238\)](#) or current [Mileage Detail Source Document \(Form T-141\)](#). If you recorded actual mileage, leave this box blank.
7. [Reason for the IRP Application](#) - Check the box(s) indicating the reason(s) for the IRP Application.

Section 2

1. [Y/N \(Columns 1\):](#) To the left of each jurisdiction, record a “Y” if the vehicles in this fleet will travel in the jurisdiction this registration year. If the vehicles in this fleet will not travel in the jurisdiction this registration year, record an “N”.
2. [Jurisdictions \(Columns 2\):](#) All jurisdictions are listed in these columns. To declare mileage for the vehicle(s) in this fleet, complete columns (1), (3) and (4).
3. [Mileage \(Columns 3\):](#) Record the actual mileage the vehicles in this fleet traveled in a jurisdiction during the mileage-reporting period, July 1, 2004 thru June 30, 2005. Record estimated mileage if the vehicles in this fleet did not travel in a jurisdiction during the mileage-reporting period, July 1, 2004 thru June 30, 2005, but will travel there this registration year.
4. [E/A \(Columns 4\):](#) Record an “E” when the declared mileage is estimated. Record an “A” when the declared mileage is the actual mileage.

Section 3

1. [Total Fleet Miles:](#) Add all mileage recorded on this application and record the total in this field.
2. [Total # of Vehicles Listed on All Schedule A Applications \(Form T-138 & Form T-138A\):](#) Record the total number of vehicles listed on all Schedule A forms (Form T-138) and Vehicle Schedule A Continuation forms (Form T-138A) for this fleet.
3. [Total # of Power Units Being Registered:](#) Record the total number of power units in this fleet.
4. [Explain in detail the scope of your operations below when any estimated mileage is recorded above in columns \(3\) of Section 2:](#) Explain in detail why estimated mileage is being used instead of actual mileage.
5. [Signature, Printed Name, Position or Job Title & Date:](#) The Registrant/Carrier or an authorized agent is required to sign this completed application, print their name, record their position or job title with the company, and record the date (month, day and year) they sign this application.

Important: Do not send money with this application. You will be billed later.

Your application for Georgia IRP Registration can be submitted by mail or in-person as follows:

Mailing Address: ATTN: IRP Unit, Department of Revenue, Motor Vehicle Division, PO Box 16909, ATLANTA, GA 30321

In-Person Address: Department of Revenue, Motor Vehicle Division, 1200 Tradeport Boulevard, Hapeville, GA 30354 - Open from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding [state holidays](#)

GA IRP Unit’s Telephone Number: (404) 675-6135

Department of Revenue’s Website: www.dor.ga.gov This form can be completed and printed from this Department’s website for signing and submission by mail or in-person.